

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY AND DENTAL HYGIENE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR DENTIST LICENSURE
INSTRUCTION SHEET**

Information about Required Examinations

All applicants for Dentist licensure, *regardless of years in practice*, are required to pass the Delaware Practical Board Examination in dentistry and the Delaware Jurisprudence Written Examination.

- The Practical Board Examination is offered twice a year, at the beginning of January and June. The deadlines for applications to sit for the exams are December 1 for the January exam and May 1 for the June exam. The exam is limited to 18 candidates on each date. It is important to submit your application before the deadline for the exam you want to take. For more information about the exam, click [Practical Board Examination](#).
- The Jurisprudence Written Examination for Dentists is a multiple-choice test consisting of 30 questions that are based on the [license law](#) and Board's [Rules and Regulations](#). It is given on the same dates as the Practical Board Examination.

Applying to Take the Examinations

You must submit the documentation in this section in order to be approved to sit for the examinations. Additional documentation listed in the next section is required to be considered for licensure when you have passed the exams.

- ☐ Submit completed, signed and notarized [Application for Dentist Licensure](#) by the deadline for the exam you want to take.
- ☐ Enclose payment for the following non-refundable fees by check or money order made payable to "State of Delaware." You may combine the fees in one payment.
 - ☐ [Processing fee](#)
 - ☐ [Examination fee](#) – If you fail to sit for the examinations in the month you select on the application, **you will forfeit this fee**. You cannot transfer it to the next examination date.
- ☐ If you choose to submit your application after the deadline for the exam you want to take (May 1 for the June exam or December 1 for the January exam), enclose the non-refundable [Late Exam fee](#). This fee is in addition to the processing fee and examination fee.
 - **You will be admitted to the exam only if a seat is still available.**
 - If no seat is available, **you will forfeit both the examination fee and late fee that you paid.** To register for the next exam date, it is not necessary to re-apply and pay the processing fee again, but you must pay the examination fee again. You cannot transfer it to a later examination date.
- ☐ Enclose a copy of your current cardiopulmonary resuscitation (CPR) certification card.
 - The Board office must receive this document by the exam deadline.
- ☐ Arrange for the Board office to receive an official transcript from Board-recognized undergraduate college or university, sent directly from the school to the Board office.
 - The Board office must receive this document directly from the school by the exam deadline.

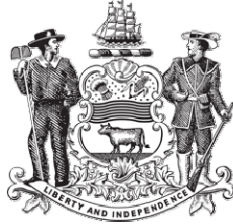
- ☐ Arrange for the Board office to receive an official transcript from your dental college or university, sent *directly* from the school to the Board office. The transcript must show your degree and date of graduation.
 - The dental college/university must be accredited by the Commission on Dental Accreditation of the American Dental Association (CODA).
 - The Board office must receive this document directly from the school by the exam deadline.

When the deadline for the exam date passes, the Board office will mail examination packets to all candidates who applied on time and whose documentation it has received. Candidates who apply late will receive their examination packets only after the Board office confirms availability of a seat and receives all required documentation.

Additional Documentation Requirements for All Applicants

You must submit the additional documentation listed below in order to be considered for licensure when you've passed the exams. However, you may submit the documents at any time, before or after taking the exams. When you have passed both exams *and* all required documentation received, the credentialing committee will review your application. If approved, your license will be issued.

- ☐ Arrange for the Board office to receive one of the following:
 - Proof (such as a letter from the sponsoring institution) that you have one year of experience as a dental intern in a CODA-accredited general practice residency sent directly from the sponsoring institution to the Board office.
 - Proof (such as a letter from the sponsoring institution) that you have completed a CODA-approved specialty residency, sent directly from the sponsoring institution to the Board office. (Rules & Regulations governing specialty residencies are currently under development.)
 - Tax form W-2s or other proof that you have practiced actively for three years in another state or U.S. territory.
- ☐ Arrange for the Board office to receive your National Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office. See [Score Report Request](#).
- ☐ Arrange for the Board office to receive license verification letters from *each* jurisdiction (state, U.S. territory or District of Columbia) where you are now, or have ever been, licensed, sent *directly* from the jurisdiction to the Board office.
- ☐ If you have ever been licensed in another jurisdiction, request a self-query from the [National Practitioner Data Bank](#). When you receive the report, send the original to the Board office.
- ☐ Complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - You must meet this requirement *even if* you recently had a criminal background check done for some other reason.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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APPLICATION FOR DENTIST LICENSURE

TYPE OF APPLICATION

1. Check the month when you wish to sit for the examinations:

- ☐ January – I understand that I must submit this application, the processing and examination fees, and copy of my CPR card and that the Board office must receive my transcripts no later than the deadline of December 1.
- ☐ June – I understand that I must submit this application, the processing and examination fees, and copy of my CPR card and that the Board office must receive my transcripts no later than the deadline of May 1.

The examination fee you submit with this application is non-refundable and non-transferable. If you do not sit for the exams in the chosen month, you will forfeit the fee.

IDENTIFYING AND CONTACT INFORMATION

2. Name: _____
Last/Family Name First Middle Maiden
3. Other Name(s) Used: _____
4. Have you ever sought or been granted a dental license under another name? Yes ☐ No ☐ If yes, enter name and state where you used the name: _____
5. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
• If yes, enter your SSN: _____
• If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
7. Mailing Address: _____

City State Zip
8. Phone: _____ Daytime Home Email: _____

EDUCATION & RESIDENCY

9. Enter the following information about your pre-professional education:

University/College: _____ Major: _____
City: _____ State: _____ Degree: _____
Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent *directly* from the college/university to the Board office, before the exam deadline.

10. Enter the following information about your Dental education:

Dental School Name: _____
City: _____ State: _____ Degree: _____
Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent *directly* from your dental school to the Board office, before the exam deadline.

11. Have you completed a residency program? Yes ☐ No ☐ If no, go to Question 12. If yes, complete the following information about your residency program, then skip to the LICENSURE HISTORY section.

Name of Sponsoring Institution: _____

Mailing Address: _____

_____ City _____ State _____ Zip _____

Start Date (month/year): _____ End Date (month/year): _____

Type of Residency: ☐ General Practice

Arrange for the Board office to receive proof (such as a letter from the sponsoring institution) that you have one year of experience as a dental intern in this residency sent directly from the sponsoring institution to the Board office.

☐ Specialty

Identify specialty: _____

List rotations completed: _____

Arrange for the Board office to receive proof (such as a letter from the sponsoring institution) that you have completed the residency and documentation of your rotations, sent directly from the sponsoring institution to the Board office.

12. Do you have three years of active dental practice? Yes ☐ No ☐ If yes, complete the following table to document the three years of practice.

EMPLOYER NAME	CITY	STATE	DATES (month/day/year)	
			FROM	TO

Enclose Tax form W-2s documenting the periods listed above.

LICENSURE HISTORY

13. Enter the following information about your National Board Examinations:

Year Taken: _____ Part I Score: _____ Part II Score: _____

Arrange for the Board office to receive your National Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office.

14. Have you ever been denied a license? Yes ☐ No ☐ If yes, enter: Year Denied: _____ State: _____
Explain why the license was denied: _____

15. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes ☐ No ☐ If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g., active)

Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office.

DISCLOSURES

16. Have you engaged in the illegal use of controlled dangerous substances within that past two years? Yes ☐ No ☐ If yes, continue to Question 17. If no, skip to Question 18.

17. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes ☐ No ☐ If yes, explain fully:

18. Have you ever been denied a DEA (Narcotic) registration number? Yes ☐ No ☐ Current DEA # _____
If yes, submit a letter explaining fully.

19. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐

If yes, submit a letter explaining fully, and arrange for the Board office to receive state and federal criminal background checks using the *Instructions for Requesting a Criminal Background Check* included with this application.

20. Have you ever had your professional license subjected to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ If yes, submit a letter explaining fully. Include an official Board order or other documents.

21. Have you had any malpractice actions brought against you in the past five years? Yes ☐ No ☐ If yes, enclose a list on a separate sheet of paper. Include dates, disposition and amount of awards or settlements, if any.

22. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ If yes, submit a letter fully explaining. Include copies of all official documents or Board orders.

24. Are you physically or mentally incapable of engaging in the practice of dentistry according to generally accepted standards? Yes ☐ No ☐ If yes, continue with Question 25. If no, skip to the DUTY TO REPORT section.

25. Do you agree to submit to an examination to determine such capability as the Board may deem necessary?
Yes ☐ No ☐

DUTY TO REPORT

26. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to self report any of the following within 30 days:

- Any arrest or the bringing of an indictment or information charging you with a crime substantially related to the practice of dentistry and dental hygiene as defined in Section 11.0 of the Board's Rules and Regulations.
- Any conviction, including any verdict of guilty or plea of guilty or no contest, of any crime substantially related to the practice of dentistry and dental hygiene as defined in the Section 11.0 of the Board's Rules and Regulations.

I certify that I have read and understand all provisions in the Delaware Dental Practice Act, including [24 Del. C. §1131](#) and the [Rules and Regulations](#) listed above, and that I understand my *duty to self report*. Yes ☐ No ☐

27. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

28. You have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- is excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

To assure consideration of placement for the practical examination, the Board office must receive all of these items no later than May 1 for the June examination or December 1 for the January examination:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within six months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby apply to be considered for licensing as a Dentist by the Board of Dentistry and Dental Hygiene under the standards, qualifications and procedures established under Title 24, Chapter 11, of the *Delaware Code*. I have read the State statute governing dentists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Dentistry in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both state and federal criminal background checks are required.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm

Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(Between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd. Georgetown DE
19947

(Across from DelDOT & the State Service Ctr.)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to "Delaware State Police" to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE



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CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- | | |
|--|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Texas Hold'em Dealer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing | |

ENTER FULL CURRENT NAME:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

Division of Professional Regulations
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.